

# Lewiston Recreation Division Co Ed B's Volleyball

## Team Entry Form & Roster

PLEASE PRINT ALL INFORMATION:

Team Name \_\_\_\_\_ League \_\_\_\_\_ Team uniform or shirt color \_\_\_\_\_

Team Manager \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

SPONSOR CONTACT PERSON \_\_\_\_\_ Total non-residents \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone \_\_\_\_\_ Total Amount Paid \_\_\_\_\_

	NAME	ADDRESS	CITY	PHONE	SHIRT SIZE	E-MAIL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

\*\*\*\*\* THIS SHEET **MUST** ACCOMPANY TOTAL REGISTRATION FEE\*\*\*\*\*

Make checks payable to: Lewiston Recreation Division, 65 Central Ave., Lewiston, ME 04240

**\*Non Resident fee is \$20.00 per person.**